PTO/SB/21 (05-03) Approved for use through 04/30/2003. OMB 0651-0031

k #4/ '	work Reduction Act	of 1995, no pen	sons are re			ffice: U.S. DEPARTMENT OF COMMERCE ion unless it displays a valid OMB control number.		
TO A NEMITTAL				Application Number		10/767,227		
IKANSIVIIIIAL			Filing Date		01/28/2004			
FORM			First Named Inventor		Welch			
(to be used for all correspondence after initial filing)			Art Unit		2157			
			Exami	xaminer Name Unassigned		ned		
Total Number of Pages in This Submission 2			Attorn	ey Docket Number	019599-000211US			
ENCLOSURES (Check all that apply)								
Fee Transmittal Form	☐ Fee Transmittal Form ☐ Draw		ng(s)		After Allowance Communication to Group			
Fee Attached	Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply		Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final	After Final		Petition to Convert to a Provisional Application			Proprietary Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
Extension of Time Request		Terminal Disclaimer			Other Enclosure(s) (please identify below):			
Reque		st for Refund		1) Return Postcard				
Express Abandonment Request		CD, Number of CD(s)		2) PTO/SB/83 Request to Withdraw as Attorney				
Information Disclosure Statement				1 -	<u> </u>			
Certified Copy of Priority Document(s)		Remarks Account 20-1430.		authorized to charge any additional fees to Deposit .				
Response to Missing Parts/ Incomplete Application				1				
Response to Missi under 37 CFR 1.5								
	SIGN	IATURF O	F APPI	ICANT, ATTORNEY,	OR AGEN			
Firm To	wnsend and Tow				ORTIO			
or Individual	illip H. Albert Reg. No. 35,819							
Signature	7/2/2n_9-							
Date Oc	Date October 2005							
		CERTIFIC	ATE OF	TRANSMISSION/M	AILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed name	Jennifer O'Brid	en						
Signature Junter CiBie			ė.		Date	October // , 2005		
	<u>'/ </u>		<u> </u>			·		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (09-03)

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	Application Number	10/767,227		
s	Filing Date	01/28/2004		
	First Named Inventor	Welch		
	Art Unit	2157		
	Examiner Name	Unassigned		
	Attorney Docket Number	019599-000211US		

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 OCT 1 3 7005									
Please withdraw me as attorney or agent to be above identified patent application, and									
all the attorneys/agents of record									
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
all the attorneys/agents associated with Customer Number 20350									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are: Client requests to transfer matter									
CORRESPONDENCE ADDRESS									
The correspondence address is NOT affected by this withdrawal.									
Change the correspondence address and direct all future correspondence to:									
Customer Number 29	9989								
OR									
Firm or Individual Name			31 ₂ 0 == 10						
Address	· · · · · · · · · · · · · · · · · · ·								
Address									
City		State		ZIP					
Country									
Telephone		Fax							
Name Philip H. Albert									
Signature Signature	h &	Regist	ration No.	35,819					
Date October 2, 2005									
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									